

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

10/696 309

Rating Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	12					
Total Claims	15					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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59						
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99						
100						
Total Indep						
Total Depend						